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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  Patrick W. Rasche Armstrong Teasdale LLP One Metropolitan Square, Suite 2600 St. Louis, MO 63102				Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
				Certificate of Mailing or Transmission  I hereby certify that this Fcc(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
			[			(Depositor's name)	
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						(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/695,211	10/695,211 October 28, 2003		Steven Gerard Ross		136122CT	4501	
TITLE OF INVENTION: SYSTEMS AND MET	HODS FOR REDUCIN	G RADIATION D	OSAGE				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
Nonprovisional	No	\$1,400.00		\$300.00	\$1,700.00	July 5, 2007	
EXAMINER		ART UNIT	CL	ASS-SUBCLASS	7		
Ho, Allen C.		2882	37	8-150000	•		
<ul> <li>CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> <li>3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED O</li> </ul>			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  HE PATENT (print or type)				
			**	**	nee is identified below, the d	ocument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
GE Medical Systems Global Technology Company, LLC Waukesha, WISCONSIN							
Please check the appropriate assignee category or categories (will not be printed on the patent): $\Box$ Individual $\Box$ Corporation or other private group entity $\Box$ Government							
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☑ Issue Fee			A check in the amount of the fee(s) is enclosed.				
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Advance Order - # of Copies						opy of this form).	
	MALL ENTITY status. Sec 3	7 CFR 1.27.			LL ENTITY status. Sec 37 CI		
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Authorized Signature			Date <u>June 29, 2007</u>				
Typed or printed name Patrick W. Rasche			Registration No. 37,916				
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PTOL-85 (Rev. 06/07) Approved for use through 06/30/2007.